

# State of Tennessee Rural Enterprise Loan Fund Application



\$500-\$10,000 Loans  
for Entrepreneurs and Small Businesses  
in rural Tennessee

Business Enterprise Resource Office  
Tennessee Economic and Community Development

1-800-872-7201

**NOTE: BEFORE SUBMITTING AN APPLICATION, YOU MUST  
CONTACT YOUR REGIONAL BERO SPECIALIST**



**Dear Potential Applicant,**

Thank you for your interest in the ECD-BERO Rural Micro-Loan program. The fund offers \$500-\$10,000 below prime rate loans to start-up and existing businesses in rural Tennessee. To apply, please review the application package and contact your regional BERO Enterprise Specialist listed below. The basic eligibility requirements are:

- The applicant(s) must live and operate the business in a rural area as defined by the USDA
- The applicant(s) must be current on all personal and business debts
- The applicant(s) must agree to work with their BERO Specialist on a monthly basis to improve his/her business management skills
- The applicant(s) must provide a current business plan that has been reviewed and approved by an accepted business counselor
- Loans over \$5,000 require collateral; loans under \$5,000 may require collateral or a co-signor
- There is a 2% loan closing fee

To determine if your personal and business residence is located in an eligible rural area, visit: <http://eligibility.sc.egov.usda.gov/eligibility/welcomeAction.do?pageAction=rbs>. Click “Accept” on the property eligibility disclaimer and enter your personal and business address.

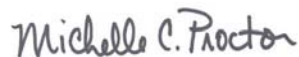
Once you have submitted your application package with all required documentation, it will be evaluated on the following criteria:

- Strength of the business and financial plan
- Experience of the business owner(s)
- Applicant(s) personal credit history and available collateral

On average, a decision will be made within three to four weeks. If approved, please expect up to three to four weeks to receive the loan proceeds.

Thank you for your interest.

Regards,



BERO Director

***BERO Regional Enterprise Specialists***

West Tennessee – Sharon Taylor McKinney – 901/543-7426

Middle Tennessee – Wisty Pender – 615/532-1926

Lower East Tennessee (Chattanooga area) – Millie Callaway – 423/634-6386

Upper East Tennessee (Knoxville & Tri-Cities) – Ronald Wade – 865/777-1075

BERO Central Office, Nashville – 1-800-872-7201



## ECD-BERO Micro-Loan Application Checklist

Business Name: \_\_\_\_\_

- \_\_\_\_\_ **ECD-BERO Micro-Loan Application** with two signatures of each principal owner of 20% or more of the company
- \_\_\_\_\_ **ECD-BERO Borrower Information Sheet** – Each principal owner of 20% or more of the company must complete his/her own form (Page 4-5)
- \_\_\_\_\_ **Business Plan** – Reviewed and approved by a business counselor; the business plan must include historical financials (if existing business) and one year of cash flow projections
- \_\_\_\_\_ **Personal Financial Statement** - Each principal owner of 20% or more of the company must complete his/her own statement; use SBA template provided
- \_\_\_\_\_ **USDA Environmental Form** – Complete, sign and date
- \_\_\_\_\_ **Schedule A** – List all available collateral and sign (do not get notarized)
- \_\_\_\_\_ **Technical Assistance Form** – Signed by Borrower and BERO Specialist
- \_\_\_\_\_ **Copy of Driver's License** – Must be a clear copy and may not be expired; if not a US citizen, copy front and back of Green Card or Visa
- \_\_\_\_\_ **Copy of Business License** – Include other applicable licenses per industry standards

BERO Specialist: \_\_\_\_\_



## ECD-BERO Micro-Loan Application

Please Complete All of the Following Spaces

T/A Provider (BERO Specialist):				Products/Services Offered by Business:			
____ Sole Proprietor      ____ Partnership      ____ LLC      ____ Corporation							
Legal Name of Business				DBA Name (if any)			
Mailing Address				Location Address			
City	State	Zip		City	State	Zip	
Business Phone		Business Fax		Email and/or Web Address			
Business TIN/ FEIN	Time in Business YRS ____ MOS ____	Related Industry Exp YRS ____ MOS ____		Average Monthly Sales \$	Ave. Annual Sales Last 3 YRS \$		
Additional Household Income: \$ /month				Source of Income:			
Additional Household Income: \$ /month				Source of Income:			
Average Household Expenses: \$ /month				List Expenses:			
Principal #1 Percentage of Ownership ____ %				Do you own more than 20% of any other business? ____ YES ____ NO			
Last Name		First Name		Middle Initial		Date of Birth	
Residence Address		City		State		Zip	
Do you Rent or Own? (live /parents select rent)		____ RENT ____ OWN		YRS ____ MOS ____			
Residence Telephone Number		Social Security Number		Driver's License #/State/Expiration Date		Total Cash on Hand \$	
Principal #2 Percentage of Ownership ____ %				Do you own more than 20% of any other business? ____ YES ____ NO			
Last Name		First Name		Middle Initial		Date of Birth	
Residence Address		City		State		Zip	
Do you Rent or Own? (live /parents select rent)		____ RENT ____ OWN		YRS ____ MOS ____			
Residence Telephone Number		Social Security Number		Driver's License #/State/Expiration Date		Total Cash on Hand \$	
Same as Principal #1				Guarantor #1 (Please sign below as Principal and Guarantor)			
Last Name		First Name		Middle Initial		Date of Birth	
Residence Address		City		State		Zip	
Do you Rent or Own? (live /parents select rent)		____ RENT ____ OWN		YRS ____ MOS ____			
Residence Telephone Number		Social Security Number		Driver's License #/State/Expiration Date		Total Cash on Hand \$	
Same as Principal #2				Guarantor #2 (Please sign below as Principal and Guarantor)			
Last Name		First Name		Middle Initial		Date of Birth	
Residence Address		City		State		Zip	
Do you Rent or Own? (live /parents select rent)		____ RENT ____ OWN		YRS ____ MOS ____			
Residence Telephone Number		Social Security Number		Driver's License #/State/Expiration Date		Total Cash on Hand \$	

Applicant/Guarantor ("borrower") authorizes ECD and the USDA to investigate and confirm the information herein and hereby certifies that all information provided, including legal status, is true, correct, and complete. Borrower hereby authorizes ECD to utilize credit bureau/reporting agencies and/or its own agents for purposes of verifying the accuracy of any information provided by borrower and for purposes of assessing and monitoring borrower credit status. This application may only be modified as approved in writing by an authorized ECD officer. No other representative of ECD is authorized to make any verbal or written modification to this application. By signing below I/We represent that the information presented on this application is complete and accurate and that all loan proceeds will be used only for business purposes.

Signature of Principal #1

Date

Signature of Guarantor #1

Date

Signature of Principal #2

Date

Signature of Guarantor #2

Date



## ECD-BERO Micro-Loan Application

### ECD-BERO Micro-Loan Borrower Information Form

To be completed by each proprietor, owner, holder of 20% or more of the business

Business Name:	
Applicant Name:	Title:
Social Security Number:	Date of Birth:
Place of Birth (City & State or Foreign Country):	
Citizenship:	If not U.S., Type of VISA or alien registration:

**All Questions Must Be Answered:**

(1) Are you in default on a federal student loan or on any type of government loan?	Yes __	No __
(2) Do you owe back payments for child support in any state?	Yes __	No __
(3) Have you ever been convicted of a felony?	Yes __	No __
(4) Are you or any of your company's officers, major shareholders or partners, or the spouses or close relative of such individuals presently employed by the State of Tennessee?	Yes __	No __
(5) Will any of the loan proceeds be used for construction, breaking ground, constructing a building, etc?	Yes __	No __
(6) If the company registered to do business in the State of Tennessee?	Yes __	No __
(7) Is the company which would be assisted with the ECD-BERO loan currently in violation of environmental regulations of the U.S. Environmental Protection Agency or the Tennessee Department of Environment and Conservation? If yes, please provide information on the nature and current status of this violation.	Yes __	No __

(8) List the race, ethnicity, gender and nationality for all employees (names not required):

Employee Title	Ethnicity	Race	Gender: M/F	Nationality

Ethnicity: Hispanic/Latino; or Not Hispanic  
 Race: White (W); or Black/African American (AA); or American Indian/Alaska Native (NA); or Asian (A); or Native Hawaiian/Other Pacific Islander (OP)  
 Gender: Male (M); Female (F)  
 Nationality: Country of citizenship or nationality



## ECD-BERO Micro-Loan Application

### ECD-BERO Micro-Loan Borrower Information Form

To be completed by each proprietor, owner, holder of 20% or more of the business

The following information is requested by the federal government for certain types of loans, in order to monitor the lender's compliance with equal credit opportunity. You are not required to furnish this information, but are encouraged to do so. The law requires that a lender may neither discriminate on the basis of this information nor on whether you chose to furnish it. However, if you choose not to furnish it, under federal regulations, this lender is required to note race/ethnicity on the basis of visual observation or surname. If you do not wish to furnish the information, please check the box below.

(9) Gender: Male ___ Female ___			
(10) Ethnicity:	Caucasian ___	African American ___	Hispanic ___
	Native American ___	Asian-Pacific Islander ___	Refugee ___
(11) Are you a veteran of the United States Armed Forces?			Yes ___ No ___
(12) Are you physically disabled?			Yes ___ No ___
(13) Do you have health insurance?			Yes ___ No ___
(14) Highest Level of Education Completed:	Less than 9 <sup>th</sup> Grade ___		Some College ___
	Some High School ___		College Grad. ___
	High School Grad./GED ___		

☐ I do not wish to furnish the information.

#### FEDERAL EQUAL CREDIT OPPORTUNITY ACT STATEMENT

Federal law does not allow discrimination of any kind. You cannot be denied a loan because of your race, color, religion, national origin, sex, marital status, handicap, or age (if you can legally sign a contract). You cannot be denied a loan because all or part of your income is from a public assistance program. If you believe that you have been discriminated against for any reasons, you can write the secretary of Agriculture, Washington, D.C. 20250. You cannot be denied a loan because you exercised your rights under the Consumer Credit Protection Act. You must have exercised these rights in good faith. The Federal Agency responsible for seeing this law is obeyed is the Federal Trade Commission, Washington, D.C. 20580.

#### Certificate of Eligibility

I hereby certify to the best of my knowledge that I am eligible to participate in the ECD-BERO Micro Enterprise Loan Program:

- I CERTIFY that my business is a micro-enterprise with five or fewer employees **and**
- I reside in a rural area as defined by USDA regulations **and**
- I intend to establish or expand a small business enterprise in a rural area as defined by USDA regulations **and**
- I have completed a business plan and small business training from a Tennessee Small Business Development Center or approved training provider **and**
- I have established that I have financial need, am financially sound and capable of repaying the monies I borrow under the ECD-BERO Micro loan program **and**
- I agree to have my application reviewed by a representative from the USDA and ECD **and**
- If the loan is awarded, the company concurs understanding of the USDA and State of Tennessee's Controller office's opportunity to audit ECD-BERO program spending **and**
- As a recipient of federal funds, I agree that my business will comply with Title VI regulations **and**
- All the information provided is true and accurate.

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Applicant Signature

Title

Date

**SUBSTITUTE W-9 FORM**  
**REQUEST FOR TAXPAYER IDENTIFICATION NUMBER AND CERTIFICATION**

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**1. Please complete general information:**

Taxpayer Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Business Name (if applicable) \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

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**2. Circle the most appropriate category below: (please circle only one)**

- 1) Individual (not an actual business)
  - 2) Joint account (two or more individuals)
  - 3) Custodian account of a minor
  - 4)
    - a. Revocable savings trust (grantor is also trustee)
    - b. So-called trust account that is not a legal or valid trust under state law
  - 5) Sole proprietorship (using a social security number for the taxpayer ID)
  - 6) Sole proprietorship (using a federal employer identification number for taxpayer ID)
  - 7) A valid trust, estate, or pension trust
  - 8) Corporation
  - 9) Association, club, religious, charitable, educational, or other non-profit organization (for entities that are exempt from federal tax, use category 13 below)
  - 10) Partnership
  - 11) A broker or registered nominee
  - 12) Account with the US Department of Agriculture in the name of a public entity that receives agricultural program payments
  - 13) Government agencies and organizations that are tax-exempt under Internal Revenue Service guidelines (i.e., IRC 501(c)3 entities)
- 

**3. Fill in your taxpayer identification number below: (please complete only one)**

- 1) If you circled number 1-5 above, fill in your Social Security Number.**

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

- 2) If you circled number 6-13 above, fill in your Federal Employer Identification Number (EIN).**

\_\_\_\_ - \_\_\_\_\_

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**4. Sign and date the form:**

Certification - Under penalties of perjury, I certify that the number shown on this form is my correct taxpayer identification number.  
If I circled category 13 above, I also certify that my agency or organization is tax-exempt per Internal Revenue Service guidelines and not subject to backup withholding.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Title (if applicable) \_\_\_\_\_



## PERSONAL FINANCIAL STATEMENT

U.S. SMALL BUSINESS ADMINISTRATION

As of \_\_\_\_\_, \_\_\_\_\_

Complete this form for: (1) each proprietor, or (2) each limited partner who owns 20% or more interest and each general partner, or (3) each stockholder owning 20% or more of voting stock, or (4) any person or entity providing a guaranty on the loan.

Name	Business Phone
Residence Address	Residence Phone
City, State, & Zip Code	
Business Name of Applicant/Borrower	

ASSETS		LIABILITIES	
	(Omit Cents)		(Omit Cents)
Cash on hand & in Banks .....	\$ .....	Accounts Payable .....	\$ .....
Savings Accounts .....	\$ .....	Notes Payable to Banks and Others .....	\$ .....
IRA or Other Retirement Account .....	\$ .....	(Describe in Section 2)	
Accounts & Notes Receivable .....	\$ .....	Installment Account (Auto) .....	\$ .....
Life Insurance-Cash Surrender Value Only .....	\$ .....	Mo. Payments \$ .....	
(Complete Section 8)		Installment Account (Other) .....	\$ .....
Stocks and Bonds .....	\$ .....	Mo. Payments \$ .....	
(Describe in Section 3)		Loan on Life Insurance .....	\$ .....
Real Estate .....	\$ .....	Mortgages on Real Estate .....	\$ .....
(Describe in Section 4)		(Describe in Section 4)	
Automobile-Present Value .....	\$ .....	Unpaid Taxes .....	\$ .....
Other Personal Property .....	\$ .....	(Describe in Section 6)	
(Describe in Section 5)		Other Liabilities .....	\$ .....
Other Assets .....	\$ .....	(Describe in Section 7)	
(Describe in Section 5)		Total Liabilities .....	\$ .....
Total	\$ .....	Net Worth .....	\$ .....
		Total	\$ .....

Section 1. Source of Income	Contingent Liabilities
Salary .....	As Endorser or Co-Maker .....
Net Investment Income .....	Legal Claims & Judgments .....
Real Estate Income .....	Provision for Federal Income Tax .....
Other Income (Describe below)* .....	Other Special Debt .....

Description of Other Income in Section 1.


\*Alimony or child support payments need not be disclosed in "Other Income" unless it is desired to have such payments counted toward total income.

Section 2. Notes Payable to Banks and Others. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed.)

Name and Address of Noteholder(s)	Original Balance	Current Balance	Payment Amount	Frequency (monthly, etc.)	How Secured or Endorsed Type of Collateral



Section 3. Stocks and Bonds. (Use attachments if necessary. Each attachment must be identified as a part of this statement and signed).					
Number of Shares	Name of Securities	Cost	Market Value Quotation/Exchange	Date of Quotation/Exchange	Total Value

Section 4. Real Estate Owned. (List each parcel separately. Use attachment if necessary. Each attachment must be identified as a part of this statement and signed.)			
	Property A	Property B	Property C
Type of Property			
Address			
Date Purchased			
Original Cost			
Present Market Value			
Name & Address of Mortgage Holder			
Mortgage Account Number			
Mortgage Balance			
Amount of Payment per Month/Year			
Status of Mortgage			

Section 5. Other Personal Property and Other Assets. (Describe, and if any is pledged as security, state name and address of lien holder, amount of lien, terms of payment and if delinquent, describe delinquency)	

Section 6. Unpaid Taxes. (Describe in detail, as to type, to whom payable, when due, amount, and to what property, if any, a tax lien attaches.)	

Section 7. Other Liabilities. (Describe in detail.)	

Section 8. Life Insurance Held. (Give face amount and cash surrender value of policies - name of insurance company and beneficiaries)	

I authorize SBA/Lender to make inquiries as necessary to verify the accuracy of the statements made and to determine my creditworthiness. I certify the above and the statements contained in the attachments are true and accurate as of the stated date(s). These statements are made for the purpose of either obtaining a loan or guaranteeing a loan. I understand FALSE statements may result in forfeiture of benefits and possible prosecution by the U.S. Attorney General (Reference 18 U.S.C. 1001).

Signature:	Date:	Social Security Number:
Signature:	Date:	Social Security Number:

PLEASE NOTE:	The estimated average burden hours for the completion of this form is 1.5 hours per response. If you have questions or comments concerning this estimate or any other aspect of this information, please contact Chief, Administrative Branch, U.S. Small Business Administration, Washington, D.C. 20416, and Clearance Officer, Paper Reduction Project (3245-0188), Office of Management and Budget, Washington, D.C. 20503. <b>PLEASE DO NOT SEND FORMS TO OMB.</b>
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REQUEST FOR ENVIRONMENTAL INFORMATION

Name of Project

Location

**Item 1a.** Has a Federal, State, or Local Environmental Impact Statement or Analysis been prepared for this project?

☐ Yes ☐ No ☐ Copy attached as EXHIBIT I-A.

**1b.** If "No." provide the information requested in Instructions as EXHIBIT I.

**Item 2.** The State Historic Preservation Officer (SHPO) has been provided a detailed project description and has been requested to submit comments to the appropriate Rural Development Office. ☐ Yes ☐ No Date description submitted to SHPO \_\_\_\_\_

**Item 3.** Are any of the following land uses or environmental resources either to be affected by the proposal or located within or adjacent to the project site(s)? (Check appropriate box for every item of the following checklist).

	Yes	No	Unknown		Yes	No	Unknown
1. Industrial .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	19. Dunes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Commercial. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	20. Estuary .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Residential.. ....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	21. Wetlands .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Agricultural .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	22. Floodplain .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Grazing .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	23. Wilderness .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Mining, Quarrying .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(designated or proposed under the Wilderness Act)			
7. Forests .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	24. Wild or Scenic River .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Recreational .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(proposed or designated under the Wild and Scenic Rivers Act)			
9. Transportation .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	25. Historical, Archeological Sites .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Parks .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Listed on the National Register of Historic Places or which may be eligible for listing)			
11. Hospital .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	26. Critical Habitats .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Schools .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(endangered /threatened species)			
13. Open spaces .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	27. Wildlife .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Aquifer Recharge Area .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	28. Air Quality .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Steep Slopes .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	29. Solid Waste Management .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Wildlife Refuge .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	30. Energy Supplies .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Shoreline .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	31. Natural Landmark .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Beaches .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	(Listed on National Registry of Natural Landmarks)			
				32. Coastal Barrier Resources System .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Item 4.** Are any facilities under your ownership, lease, or supervision to be utilized in the accomplishment of this project, either listed or under consideration for listing on the Environmental Protection Agency's List of Violating Facilities? ☐ Yes ☐ No

Signed: \_\_\_\_\_

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Applicant)

\_\_\_\_\_  
(Title)

# Note Authorization Agreement

The undersigned hereby agrees: (1) to allow ECD to score my loan application and determine the maximum amount of funding I/We qualify for with regard to the desired loan amount, (2) to complete the Promissory Note and related documents to reflect the actual amount of funding and to date such documents as of the date of loan funding, and (3) authorizes ECD to closing fees and/or other loan fees when appropriate. I/We understand that ECD has not approved a loan of any amount at this time. Interest will not be charged until the loan is approved and funded. Collateral will be required on all loans \$5,000 and higher.

## Check all loan amounts you are willing to receive if approved:

	<b>\$500</b> approx. \$84.43 for 6 months		<b>\$5,500</b> approx. \$163.61 for 36 months
	<b>\$1,000</b> approx. \$113.20 for 9 months		<b>\$6,000</b> approx. \$165.66 for 39 months
	<b>\$1,500</b> approx. \$128.07 for 12 months		<b>\$6,500</b> approx. \$167.56 for 42 months
	<b>\$2,000</b> approx. \$137.37 for 15 months		<b>\$7,000</b> approx. \$169.34 for 45 months
	<b>\$2,500</b> approx. \$143.89 for 18 months		<b>\$7,500</b> approx. \$171.03 for 48 months
	<b>\$3,000</b> approx. \$148.82 for 21 months		<b>\$8,000</b> approx. \$172.63 for 51 months
	<b>\$3,500</b> approx. \$152.77 for 24 months		<b>\$8,500</b> approx. \$174.18 for 54 months
	<b>\$4,000</b> approx. \$156.05 for 27 months		<b>\$9,000</b> approx. \$175.67 for 57 months
	<b>\$4,500</b> approx. \$158.88 for 30 months		<b>\$9,500</b> approx. \$177.11 for 60 months
	<b>\$5,000</b> approx. \$161.37 for 33 months		<b>\$10,000</b> approx. \$186.43 for 60 months

## - Please initial One of the Following Choices -

Initial \_\_\_\_\_ If I/We qualify for a lesser amount than originally applied for, I/We authorize ECD to fund a loan in the increments above without further communication between ECD and the borrower.

**-OR-**

Initial \_\_\_\_\_ If I/We do not qualify for the desired loan amount, please cancel my/our loan application.

\_\_\_\_\_  
Principal #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal #2

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor #1

\_\_\_\_\_  
Date

\_\_\_\_\_  
Guarantor #2

\_\_\_\_\_  
Date

## SCHEDULE A

[illegible]

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## ECD-BERO Micro-Enterprise Loan Fund INITIAL ASSESSMENT OF BORROWER

BERO Specialist: _____	Consultation Date: _____		
Business Name: _____	In-Person: _____	Phone: _____	Email: _____

### ASSESSMENT OF TECHNICAL NEEDS

Primary Needs (from below)			Secondary Needs (from below)	
1 <sup>ST</sup>	2 <sup>ND</sup>	3 <sup>RD</sup>	4 <sup>TH</sup>	5 <sup>TH</sup>
#	#	#	#	#
1. Accounting for a Business 2. Bookkeeping 3. Business Plan 4. Computer/Operational 5. Credit Counseling 6. Financial Management 7. International Trade 8. Inventory Control 9. Legal Assistance (permits, licenses, etc.)			10. Management (general) 11. Market Analysis 12. Marketing 13. Certification 14. Sales Training 15. Strategic Planning 16. Tax Services 17. Working Capital Management 18. Other: _____	
Additional Comments: _____				

### TECHNICAL ASSISTANCE ACTION PLAN

The Borrower and the TA Provider agree to perform the following actions to the best of their abilities:

TA Need (#)	Action	Estimated Duration	Start Date	Completion Date

\_\_\_\_\_  
Signature of Borrower

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of BERO Specialist

\_\_\_\_\_  
BERO Specialist Region

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Lender

\_\_\_\_\_  
Name of Lender

\_\_\_\_\_  
Date